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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/565,279			Filing Date 20 January, 2006			☐ To be Mailed		
	Substitute	e for Form l with Form P	PTO-1360		Applicant(s) ROM, RAMI						Page 1 of 1		
						* May be used for additional claims or amendn							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 03/04/2009		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				1			52						
3				1			53						
5				1			54 55						
6				1 1			56						
7				1			57						
8				1			58						
9			1				59						
10				1			60						
11				1			61						
12 13				(1)			62 63						
14				(1)			64						
15				(1)			65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
20 21				(1)			70 71						
22				(1)			72						
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45							95						
46							96						
47							97						
48							98						
49 50							99 100						
50 Total			2				Total						
Indep							Indep						
Total				21			Total						
Depend							Depend						
Total Claims			2	23			Total Claims						

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